Coordinated Community Health Needs Assessment

Focus Group & Survey Results

Youth and Young Adults

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Executive Summary

The Maricopa County Department of Public Health partnered with Arizona State University's Southwest Interdisciplinary Research Center to conduct three cycles over 50 focus groups as part of the Coordinated Maricopa County Community Health Needs Assessment. This community-driven process was designed to identify priority health issues, resources, and barriers to optimal health within Maricopa County. This report highlights the results of focus groups that were specific to youth and young adults that occurred during cycles 2 and 3 and received funding from the MCDPH Capacity Building contract. (A full report of all focus group results is also available.) The groups consisted of youth and young adults in specific ethnic groups: African American, Native American, and Hispanic/Latino. Other groups represented were: homeless populations, Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) persons and young adults with special health care needs. All youth and young adult focus groups were conducted in English. The research team and health department staff worked closely with community-based organizations to host the discussions and facilitate participant recruitment.

The focus groups explored the topics of quality of life, community strengths and concerns, and participants spent a great deal of time discussing health care. This included an assessment of system strengths, as well as barriers, needs, and recommendations. There were several recurring themes throughout the different populations.

Overview

The Office of Evaluation and Partner Contracts at the Southwest Interdisciplinary Research Center (SIRC) partnered with the Maricopa County Department of Public Health (MCDPH) to conduct focus groups with medically underserved populations across Maricopa County including youth and young adults. SIRC completed the overall Coordinated Maricopa County Community Health Needs Assessment (CCHNA) Report in January 2020. MCDPH also partnered with SIRC to produce this separate report funded through the Capacity Building project centered solely on the responses from the youth and young adults.

Methods & Samples

The focus group design and execution proceeded the same for all groups.

Location Securement

Venues. SIRC worked with new and existing community partners to identify and reserve appropriate locations for focus groups. Venues selected were ADA compliant, convenient to the targeted participants, and located along public transportation routes to further minimize barriers to participation among the populations of interest. Venues were selected to ensure sufficient reach throughout Maricopa County.

Participants/Inclusion Criteria. Each focus group included an average of 10 participants and lasted approximately 90 minutes. This was sufficient time for high quality data collection from the discussion while remaining respectful of participants' time.

Recruitment. *Purposive sampling*, which involves the attraction and selection of individuals who meet certain inclusion, and do not meet, certain exclusion criteria, was used to recruit participants. Diversity in age, gender, race/ethnicity, physical ability, and other background factors were emphasized in recruitment.

Marketing efforts included flyers (Figure 1.), social media posts (e.g. Facebook) and word of mouth. Recruitment materials were distributed across Maricopa County. Flyers were specifically tailored to the populations of interest and posted in local "hot spot" areas—areas where the targeted demographic was overrepresented as identified by the Maricopa Association of Governments and key community leaders — and posted at community locations (e.g., career services centers, libraries, schools) near where the focus group would be facilitated. Efforts were made to recruit through a wide range of networks and associations for each group, with the assistance of MCDPH and its partners.

Figure 1 Sample Recruitment Flyer

Participants were able to register for the groups via text, call, email, paper sign-up sheets or online through an online survey questionnaire platform. They were sent reminders and a confirmation email or text that included logistical information such as time, date, and directions prior to each focus group. Each participant was contacted by phone the day before the group to confirm participation, to clarify any logistical questions, and to minimize attrition.

Incentives. Each participant received a $45 Walmart gift card as a stipend ($15 per half hour of discussion participation) and refreshments (a light meal and healthy beverages) as incentives for participation. This amount was deemed ethical as it was sufficient to achieve participation without being coercive (see Grant & Sugarman, 2004).

Focus Group Data Collection

A total of 14 youth and young adult focus groups were conducted between August 2018 and December 2019. A total of 112 youth and young adults ranging in age from 13 to 24 participated; however, 107 (95.5%) completed the demographic survey and only those numbers are included in Appendix C which highlights additional participant characteristics.

Figure 2 Focus Group Process

Consent. Per IRB requirements, parents of youth provided consent prior to participation. All participants were fully informed of any risks, benefits and expectations associated with their participation and were asked to sign an IRB approved consent or assent form prior to completing the focus group. SIRC kept these separate from any personal data provided by the focus group participants.

Survey. Focus group participants were asked to complete a survey that assessed a variety of factors that could have an important impact on individual and community health and quality of life. Mainly these were closed-ended questions to augment the focus group discussions. In cycle 1, a general community health needs survey was distributed.

Facilitation. Focus groups were moderated by trained facilitators including: SIRC staff, School of Social Work PhD and MSW students, and interns. Each focus group had at least one facilitator and one note-taker. Youth and young adult groups were predominantly conducted in English. All received training prior to data collection regarding the discussion guides, using audio recording equipment, and running focus groups to ensure consistency in the facilitation process across groups.

Record & Transcribe. Focus groups were recorded using multiple audio recording devices. Note-takers also took notes during the session in case of audio device failure and to note interruptions in recordings. Audio recordings were professionally transcribed by subcontractors and returned to SIRC for summaries and analysis. The transcriptions were coded and analyzed by multiple SIRC researchers in order to reduce the bias in interpretation.

Qualitative Analysis. Participant responses were analyzed, and eleven codes were used (see Table 1 for codes and descriptions). This report describes the trends and themes based on these codes across all three cycles. Data within these codes are included if mentioned across at least three focus groups across cycles.

Table 1 Codes and Descriptions

Code	Description
Quality of Life (Individually Focused)	Reflections on one's current situation, health, environment, community; fulfillment of expectations; met needs or desires. What people want for their lives and the extent to which they feel they have achieved it. .
Community Assets (Tangible Resources)	Strengths and resources. Can be tangible – people; places; structures; services available or provided – or intangible – social connections; social capital; neighborhood values; trust.
Community Concerns	Things people would like to improve in their communities or that they feel are less than ideal. Unmet community needs. Gaps in services. Disconnections between individuals and power structures. Perceptions of threats to others' wellbeing.
Threats to Community Health (Individually Focused)	Health-specific. Related to individuals' physical or mental wellbeing. Negatively focused. Can be related to prevention, treatment or maintenance. Can be individuals, structures or organizations that threaten community health.
Opportunities for Community Health (Individually Focused)	Health-specific. Related to individuals' physical or mental wellbeing. Positively focused. Can be related to prevention, treatment or maintenance. Can be individuals, structures or organizations that promote community health.
Healthcare Needs (Care Focused)	Gaps in healthcare services. Examples of unmet healthcare desires.
Healthcare Choices (Separated by Services)	What people are currently doing for healthcare (prevention, treatment or maintenance). Places people are going. Services being sought or accessed. Ex: OBGYN, other departments
Healthcare Experiences (Grouped by Topics of Experiences)	Personal examples or examples shared of friends' or family members' experiences with healthcare providers, organizations or professionals. May be positive. Ex: Discrimination, health literacy NOTE: These are separate from care.
Healthcare Barriers	Anything that people perceive or actually experience as inhibiting their access to or ability to receive or benefit from healthcare services.
Prevention Strategies (Individually Focused)	Anything people are doing to be healthy, prevent illness, injury or other physical or mental health conditions, and maintain health.
Suggestions for Improvement (Realistic; Grouped by Topic)	Tangible solutions or alternatives presented by participants as ways to improve individual or community health or healthcare services. Ex: Programs, transportation, access to food, etc.

Research Findings

Participant responses are organized according to theme, and presented by topic area. Presented in each section are themes followed by participant quotes which support the findings. In some sections, additional quantitative data from the surveys are included where appropriate.

Major themes are highlighted on the left with icons that represent the following:

 = community connectedness

 = fear/mistrust/stigma (healthcare & systems)

 = finances (or affordability)

 = food (access, affordability, healthy options)

 = housing/homeless needs

 = information or education

 = access to exercies classes/gyms/recreational activities

 = access to parks and rec

 = mental health

 = safety

 = scheduling/wait times

 = substance use/abuse

 = transportation/location

 = healthy environment

Participants were asked to rate both their physcial health and mental health on a five point scale: *poor, fair, good, very good, excellent*. While 26.9% of participants rated their physical health as either poor or fair, almost half (45.8%) of all participants rated their mental health as either poor or fair. Consequently, 15.0% of participants rated their mental health as excellent, while 9.3% of participants said their physical health was excellent.

26.9%

Participants rated their physical health as *Poor* or *Fair*

45.8%

Participants rated their mental health as *Poor* or *Fair*

Community Profile

Quality of Life

Among all participants, one of the most common definitions of quality of life included the ability to have an **enjoyable life**, such as work/life balance, happiness with what occurs in one's life, being worry-free, engagement in surroundings, and participation in activities. Participants shared that having **basic needs met**, such as shelter, food, and access to **consistent healthcare** were essential for a high-quality life. Participants explained that **financial stability** was also important in that it allowed for a more stress-free life and provided individuals with a way to engage with the community.

Physical and emotional wellbeing, such as the ability to be yourself and having support from community, family, and friends were essential in having a high quality of life. Some participants shared that engaging with **culture** and **spirituality** was a way to build identity, have guidance on the best ways to live life, and be a part of a larger community. Finally, participants noted that a **positive attitude** was a component of a high-quality life.

In the words of participants…

- *I feel like if, you know, the quality of someone's life really depends on like their wellness, their mental wellness or physical wellness, and their environment's not meeting those needs, then their quality of life may be very low*.

  Cycle 2 Homeless Youth

- *I guess having… Because for us, a lot of the places that we're in, we're unable to pray or like smoke tobacco or burn something, sometimes that's not allowed or that's not something that we're allowed to do in the premises. But if base on the fact that it's different than what does guidelines are there for in the first place, where it is part of our spirituality, that's just one example but there's many different kinds I think one of that is definitely it and it is just something that came to mind, I don't know, I just haven't thought about that*

  Cycle 3 Native American Young Adult

- *Having that little bit of extra to spend on yourself but also a little more with healthcare, have been able to go to like follow ups and checkups because usually, so you can make it to the first one that get diagnosed or checked out. But then they tell you, oh, you need to go to the specialist but then it gets harder if you don't have enough money*

  Cycle 3 Hispanic Young Adults

- *Making sure that you have pretty much the basic things to survive, just a roof over your head, food, sustainable source of income, that's about bare minimum right there, anything outside that pretty much just wants*

  Cycle 3 Homeless Young Adults

- *I think quality of life are things that you have access to or things that you need to survive that we have now. Like maybe access to medical care or school or to have like an income or have like community support or family support, I think that can be a part of quality of life. I think that's the definition*

  Cycle 3 Native American Young Adult

Community Assets

Focus group participants reported a variety of strengths and resources that existed within their communities. One of the most commonly reported assets were **community programs**. This included programs that assisted with finding employment, shelters, food banks, mobile health clinics, treatment centers**,** and businesses that hosted community events. These programs included HomeBase, UMOM, Phoenix Children's Hospital mobile clinics, Boys and Girls Club, and Youth Development Institute. The majority of participants who mentioned shelters, food banks, treatment centers, and assistance services as community assets identified as being homeless youth or young adult. Participants reported that **libraries** were a great resource for health education materials, activities for kids, classes for teenagers, and for learning about free community events. **Schools** were also reported as an asset to the community, as they brought people together to support community causes through volunteering and charity events.

Participants reported **outdoor spaces** and areas to participate in **recreational activities** as community strengths. Popular outdoor exercise and leisure spaces included parks, trails, and neighborhoods. Participants also reported some light rail stations were accommodating to those with disabilities through the installation of ramps, and station misters helped to alleviate heat. Recreational activity areas included gyms, yoga studios, and skateparks.

Attitudes of those around the community were reported as a strength. This included being understanding and accepting of others, communication, positivity, representation, support, compassion, incorporating culture into activities, work ethic, and spending time with family. Participants also reported that community leaders and politicians who treated others equally and provided guidance were community strengths.

In the words of participants…

- *And like HomeBase, like this is pretty cool. It's a really, I feel like it's helpful to the community 'cause it helps provide a safe place to stay, and they definitely treat everybody equal here, and there's a lot of opportunity that comes with it, if you're willing to just like, be in the program and get through it.*

  Cycle 2 Homeless Youth

- *As the Mesa library because I live on Mesa they have like, they have like a section where you can go and pick up pamphlets and it tells you about like free events going on to help you get outside, you know, and, you know, making an effort to try to improve your emotional mental health by having more human interaction and stuff like that, so.*

  Cycle 3 African American Youth collapsed

- *I think like the gym is really good. They have a like a comfortable [inaudible] they have a lot of rec center going on right now. And they have like a lot of activities. I know my advisor Mr. Ross, he's a good advisor, he has like a lot of things going on right now like a lot of workshops and his little while he that helps the community basically, mentally and physically. He has like a lot of programs*

  C3 African American Youth collapsed

- *Oh, yeah. So another quick addition to that is the use of schools here. When we go out and volunteer with any of the events that are going on and just having people know that there's a group for young kids that do get involved in the better, we're doing something better with our lives, as a youth group here, yes. Okay. Great!*

  Cycle 3 Native American Youth Guadalupe

- *I think the kind of just like looking out for each other because I feel like even if you don't like talk to that person every day, kind of just seeing them or the it looks like someone's unloading a lot of things from their cars and like oh, I'll help you, I'll do this, or stuff like that.*

Cycle 3 Hispanic Young Adults

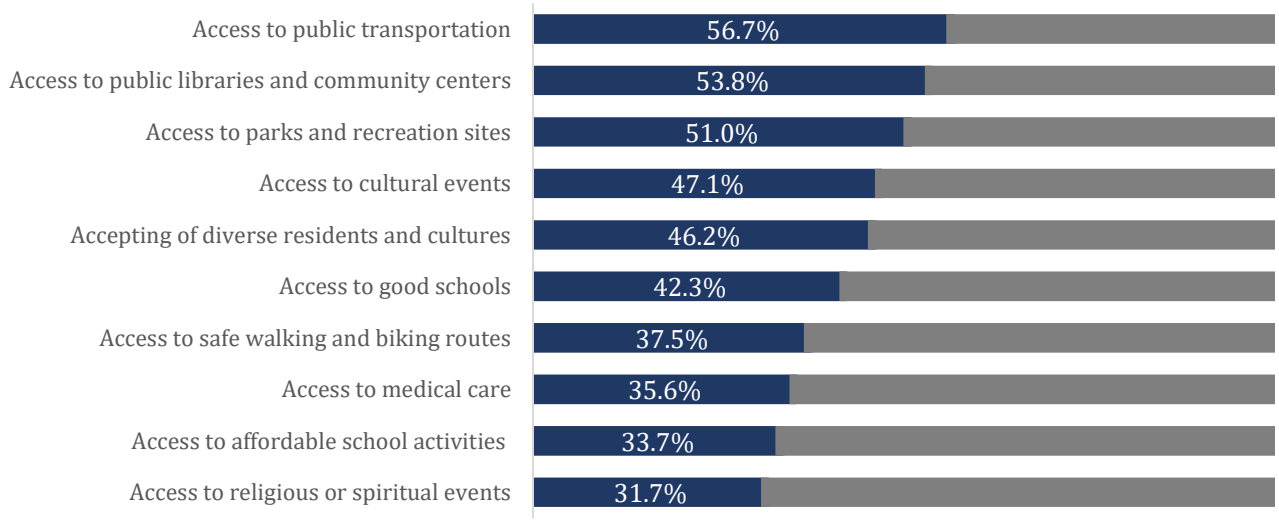
Survey Results Related to Community Assets

Participants were asked to identify the greatest strengths of their community from a list of 25 factors and could choose all that apply. Although it was not discussed much during focus groups, the majority of participants (56.7%) chose **access to public transportation** as the greatest strength in their community. Following that, participants named **access to public libraries and community centers** (53.8%), **access to parks and recreation sites** (51.0%), **access to cultural events** (47.1%), and **accepting of diverse residents and cultures** (46.2%) as the top strengths of their community (Figure 3). The least identified community strengths were **access to affordable child care** (14.4%) and **low crime/safe neighborhoods** (15.4%). Participants were asked if people in their community trust and look out for one another. The majority of participants (57.9%) said **sometimes** people trust and look out for one another, while 30.8% of participants said people **always** trust and look out for one another. Survey results were comparable to strengths identified during the focus groups in that community programs and spaces for recreational activity were strengths. However, during the focus group discussions participants also identified the individuals that made up their communities as important assets.

30.8%

of participants stated people trust one another and look out for one another *always* in their community

Figure 3 Community Strengths



Community Concerns

Among participants, topics related to **homelessness** was a community concern. Homelessness was seen as widespread and posed potential safety threats, however, many participants expressed the need for more community compassion towards the homeless, and called on others to find new ways to support the homeless.

Transportation was another main community concern of participants. Participants addressed a lack of buses and long wait times for buses as a concern, issues which were compounded during summer months due to the heat. Other participants noted that although the transportation system was widespread, it also disrupted communities. Street construction and closures were also seen as a concern as they caused mess on the streets and disrupted regular routes.

Participants expressed their concern with how **authority figures** acted in the community. Some viewed politicians as insincere and did not do anything to help the community. Others called on police officers to do more to assist the homeless, such as giving items out to the homeless, and instead of displacing people, offer assistance.

In the words of participants…

- *mhmm. I go to school near here, but I live all the way in South Phoenix, and sometimes I have to wait 30 minutes for a bus and in the summers it's just*

Cycle 2 Young Adults with Special Needs

- *…and homelessness, because a lot of those people tend to be on some type of drug and it's kind of hard to be. I mean, nobody should really be walking the streets at night. But everybody should have a safe place to go to go when it's time to sleep or somewhere after work. So homelessness is one of the big things in my neighborhood, because we tend to have a lot of people walking around. And sometimes they're on drugs. So it's kind of scary to be walking alone. All right.*

Cycle 3 Hispanic Youth

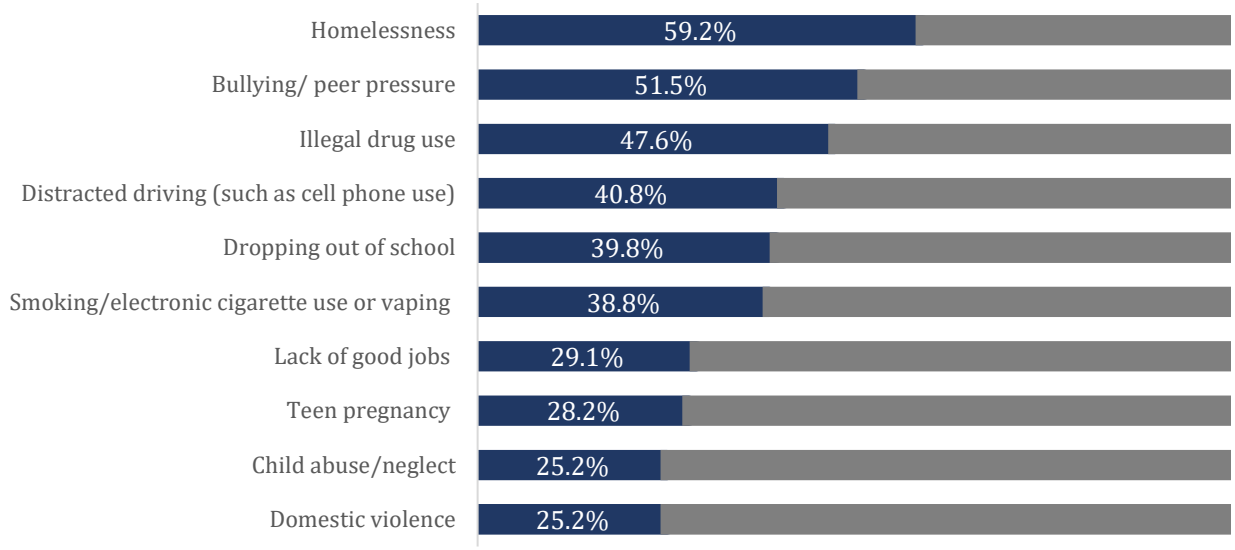
- *I used to work downtown I would literally buy lunches for the homeless people and like I made friends with the homeless and then it is like I could go down there and like see one of them. … And it's like the ASU park for the downtown campus. That's where a lot of the homeless people sleep but the police officers kicked them out after 10 o'clock. But that's a good one, like, every, like, homeless person safe like sanctuary, and that's when they don't smoke. They don't do any of that. … but like after 10 like the police officers just come and kick them out. And I understand like having homeless people like sleep, like on benches as bad do like the fact that like, it's not like they're sleeping on the curbs where they sleeping now like they're sleeping on a group and then it's like they're kicking out like the people who needed help the most and like they're not doing.*

Cycle 3 African American Young Adults

Survey Results Related to Community Concerns

Participants were asked to identify the issues that had the greatest impact on their community's health and wellness from a list of 30 factors and could choose up to five. The majority of participants (59.2%) identified **homelessness** as an issue that had the greatest impact on their community's health and wellness. Other issues participants identified as impacting community health and wellness included **bullying/peer pressure** (51.5%), **illegal drug use** (47.6%), **distracted driving** (40.8%), and **dropping out of school** (39.8%) (Figure 4). Issues that were least identified by participants to impact the community's health and wellness included **elder abuse/neglect** (2.9%) and **unsafe working conditions** (5.8%). While homelessness was identified as a top concern by participants in both the focus groups and surveys, focus group discussions showed participants felt the inaccessibility and limited availability of the transportation system was a top issue in their community.

Figure 4 Community Concerns



Threats to Community Health

One of the most common threats to community health among participants was **unmet mental health needs.** Depression, anxiety, suicide, intergenerational trauma, stress, and isolation were some of the most common concerns, as well as not having people to talk to during a time of need, inabilities to express emotions, and feeling shamed by society. Participants expressed difficulties in finding mental health services and resources.

Substance abuse/use, such as the use of illicit drugs, alcohol, smoking, and vaping was viewed as a widespread community problem. Participants spoke to the high volumes of liquor stores and smoke shops that allowed for ease of access to substances. Participants shared their concerns regarding **safety** in their communities, which included gun violence, domestic violence, gangs, and feeling unsafe in their neighborhoods.

Participants shared their concerns regarding **homelessness** in their communities and the lack of resources for the homeless, such as shelters, assistance programs, assistance from police, and medical attention. Many homeless participants shared their experiences with **shelter safety**, stating overcrowding, low capacity, violence, theft, abuse, substance use, and family separation as occurrences.

Additional threats to community health included issues in the provision of **healthcare**, such as access to care and high costs, and a need for more **health education** in mental health, chronic diseases, sexual health, and navigating the healthcare system. Participants experienced **bullying** by peers and teachers/health care providers who were not accommodating to those with special needs. Participants also noted an abundance of **unhealthy food** in their communities.

In the words of participants…

- *The most things that I think are very high right now is suicide and depression. For example like in school teachers do say come ask us if you have any problem and when you do tell them there is like nothing they can do. All they can do is tell your parents, and then you don't know where your parents are or they can be yelling at you…*

  Cycle 3 Homeless Young Adults

- *I think another issue that really applies to like, every nation is like the substance abuse and stuff. I know like when I'm walking, like I take the light rail, sometimes like you can visibly see someone that's like on drugs or something. And I think that that's something that is really like needed to be fixed, because we don't really talk about it. And it really affects like, younger adults too. And like the younger community and even like older people, and it's something that people have, like a stigma about because it gets just starts off like normally. I don't know, I feel like that's something that should be really addressed.*

  Cycle 3 Hispanic Young Adults

- *I feel like also that a lot of people don't choose to go into shelter 'cause it's not safe and they know how shelters are, and they know how it works, and that they're just like, it's safer to be outside than be in a shelter. 'Cause there are some bad things happen in shelters, not just like the homeless people that live there, but there are like the staff at the shelter can be bad too, just like, at like mental facilities and all that. Or any basically facilities housing people, the staff can abuse them.*

  Cycle 2 Homeless Youth

- *Sometimes it can be an issue because like, like from my story, like my neighbors, they like get in trouble with the police all the time. So like, I just have to keeps my siblings inside and yeah… They don't really like, get to go outside in the front yard, it could get scary, and we play in the back yard but it's still pretty much okay.*

Cycle 3 Hispanic Youth

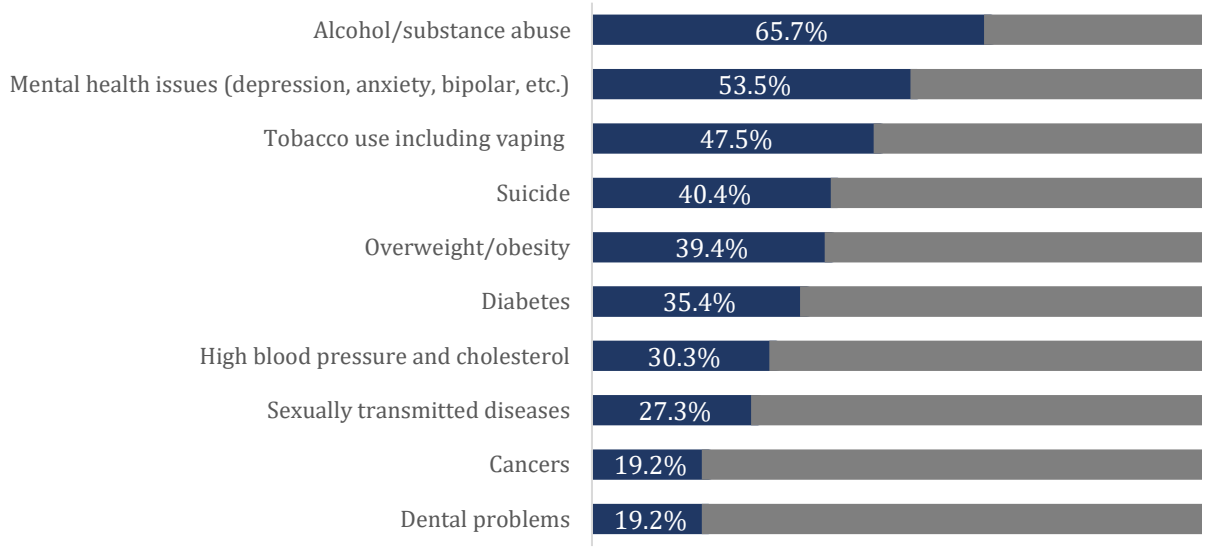
- *Basically back in um, like early middle school before I moved to another school, I basically had a teacher who didn't not only accommodate very well, but every time I took longer to pack up, she pointed it out to the entire class, and basically turned the whole class against me, besides my select group of friends, who I called the Rebellion.*

Cycle 2 Young Adults with Special Needs

Survey Results Related to Threats

Participants were asked to identify the health conditions that had the greatest impact on their community's health and wellness from a list of 21 factors and could choose up to five. The majority of participants (65.7%) identified **alcohol/substance abuse** as a health condition impacting their community's health and wellness. Other health conditions identified as a concern included **mental health issues** (53.5%), **tobacco use including vaping** (47.5%), **suicide** (40.4%), and **overweight/obesity** (39.5%) (Figure 5). Conditions that were least identified by participants as health issues impacting their community included **lung disease** (9.1%), **dementia/Alzheimer's disease** (9.1%), and **anorexia, bulimia, and other eating disorders** (9.1%). Identified conditions from both the survey results and focus groups were comparable in that participants identified substance abuse and mental health needs as greatly impacting their communities. However, focus group participants also spoke about many of the experiences felt by the homeless population as greatly impacting their health.

Figure 5 Threats to Community Health



Opportunities for Community Health

Overwhelmingly participants spoke to **support** and **relationships** with neighbors, friends, and family as great ways to keep a community healthy. This included being surrounded by positive, accepting people, looking out for others, and having someone to talk to during a time of need. Participants noted how **community and cultural events** were great ways to bring people together, build trust among neighbors, and gain access to free resources available at events.

Participants said having **basic needs met** and access to **health care** were great ways to maintain health. This included access to clean water, healthy food, shelter, physical activity, a clean and pollution-free environment, therapists, regular check-ups, and wide availability of clinics,

Recreational activities were great ways to engage with others in the community and participate in areas that made people happy. These included sports leagues and art programs.

In the words of participants…

- *…I'd also say it's a place where you feel safe, like when you go to school you don't feel like someone will have a gun and shoot everyone. And also being able to have a supportive group of people around you.*

  Cycle 2 Young Adults with Special Needs

- *I don't think it's a responsibility to just to be like to keep your area and you know. What matters is to just look out for anyone. Keep an eye on anyone in your neighborhood.*

  Cycle 3 African American Young Adults

- *Like I said before clubs are a really good thing to have in the communities. Especially, you can put kids there. All the children in the community and being able to do that, the transfer the knowledge [inaudible] that they can trust those parents, favors like can you babysit my child like a day or so not only building trust, but it's showing that people are able to communicate within a community like they should without having to feel unsafe by or isolate themselves from neighbors or things like you know.*

  Cycle 3 Hispanic Youth

- *So everybody around town comes together for, this culture, kind of like something for culture that comes around every year. And people basically set up places where they can sell food and, like park their car. So watch what happens. And there's clearly something really big that comes around every year.*

  Cycle 3 Native American Youth Guadalupe

- *Yeah, building a better and stronger community. So going to these events, you meet people, you know who your neighbors are, who you're living around, you build that connection and it makes you make one network or the other opens up to more doors, so if you need something that they know about, that will open and access to health care here in the central Phoenix area is a little more accessible because we have the lights rail. So, we have a higher need for it and we also have a hire accessibility to this place, it is just we haven't found a way to find those people that really need help and then plug them in.*

  Cycle 3 LGBTQ Young Adult

Healthcare Needs

One of the most frequently reported needs among focus group participants was **mental health support**. This included the desire for more rehabilitation and treatment programs, access to counseling and therapists, affordable mental health services, and needing a close family member or friend to turn to during a time of need.

Participants voiced their need for more **accepting and specialized healthcare services**. Participants expressed a desire for providers to be more accommodating of LGBTQ populations and provide more services to non-binary individuals. Healthcare materials and services for Native American populations have not been culturally relevant and need to include Indigenous prevention strategies. Participants shared how language barriers between patient and provider negatively impacted health care, and the healthcare system was difficult to navigate for non-English speakers because most providers only spoke English. Participants also noted the need for more accommodation to those with disabilities, both in the healthcare and school setting. This included better understanding of severe allergic reactions and the need for more resources for those with disabilities.

Other common needs among participants were increased **health education** opportunities and **awareness of community resources**. Participants desired more information on health insurance choices, health prevention and maintenance strategies, and safety. Participants stated they were unaware of existing resources in their communities due to lack of advertising. Other healthcare needs included **health insurance expansion** and **shelters** for adolescents.

In the words of participants…

- *Yeah, this is like a pretty big, it's like mental health, like you see a lot of people just wandering around Phoenix that are like, saying stuff you don't really know what they're saying. And so like, if there was a good facility for people to be like, rehabilitated in for mental illness, that would be really beneficial for everybody*

  Cycle 2 Homeless Youth

- *I think one of the biggest things is that people don't know the resources that are around them, like I didn't know about the resources of Native American Connections until I started working here and I was oh I could use these things myself. So there are a lot of resources everywhere that is hidden all around us that we don't know about. And all we see are billboards of businesses that are trying to take our money but I feel like there should be more advertisement of services that are around us. And so like even the light rail. It won't let you put up an ad unless it entices people to spend their money.*

  Cycle 3 LGBTQ Young Adult

- *Yeah, you're touching on like a really big lack that we're seeing in health care in general, that is serving the non-binary population and[inaudible] folks, that have a whole other issues like where do they fit in, like shelter wise. Like you know like one of our youth literally went to class and laid and slept in between the middle of the women and men side because they've got a [inaudible] like binary and you know like this issues of this binary and how that serve some folks and kind of get away from that, like how can you better serve non-binary folks.*

  Cycle 3 LGBTQ Young Adult

- *Just going off of that I think you know a lot of reservation and tribes try to get all this information from Government Programs, like Factco and SCR or whatever and so on. When these programs are handed over to these coordinators and they don't really know how to put it onto reservations, kind of like in a pamphlet. You know there is presentation or whatever, like how do you indigenize like these policies and these Government tactics, like the reservation, they go hand in hand, like the problem of obesity. Like if you don't eat the junk foods, there's commodities handed out, even like something like that. Like how you fit in like indigenous food with that.*

Cycle 3 Native American Young Adult

- *A big factor is to know your health issues and a right way to fix it, some people find it in friends, when they don't get professional help because either it's expensive or you actually have to pay to do stuff like that. And a big factor for me was when I would try to go for therapy and like group sessions, my father always complained that it took a lot of money, and that's gets all in my head and you got no problem, why are you wasting money? Fixing something that doesn't need fixing. It would get me more depressed and anxious and the cycle continues.*

Cycle 3 Homeless Young Adults

- *Maybe I don't know exactly what but some kind of resources to kind of help us be safe in general. Because I mean, whether it's mentally or physically what home or school, maybe it's peer pressure or abuse, anything that people can have some sort of resources to make their pretty much environment safer in general.*

Cycle 3 Native American Youth Mesa

Healthcare Choices

The most frequented areas participants sought for general healthcare needs included **hospitals**, **clinics**, **med van, mobile health care**, **Indian Health Service** facilities, and **Veterans Administration** healthcare. Some participants sought care at hospitals because treatment was free for the individual, or because the hospital was the closest healthcare option. Participants utilized university clinics, emergency clinics, and faith-based clinics that offered free or reduced healthcare services for students. **Out-of-country** healthcare choices were partly attributed to high costs of healthcare in Arizona, while **out-of-state** healthcare choices were done so partly due the availability of services and medications in other states.

Specialized healthcare choices by participants included **treatment centers**, **mental health support**, **providers that accommodated to those with allergies**, **suicide hotlines**, and clinics that offered free birth control, such as **Planned Parenthood**.

Resources participants used to obtain healthcare information included **YouTube**, **Google**, **high school sex and health classes**, and **university health classes**.

In the words of participants…

- *A lot of people go out of the country to get their procedures. Here it's just too much and the service it too much.*

  Cycle 3 African American Young Adults

- *I've been going for like 5 years now. [She actually knows more than me] because I've been homeless for almost that long. But the Med Van is basically like a mobile doctor so they have everything you need on it right. You can get tested you can get checkups there is a doctor on there, there is a nurse there, there is the computer guy who puts the information in and you basically can see them anytime that they're available or scheduled and they go around to the homeless youth and they check on us we can still get checkups and if you have anything they make and you prescribe medication they can refer you places on their home for the homeless youth…*

  Cycle 3 Homeless Young Adults

- *Hospital visits. No free health checkups. This means when you have something, you go to the hospitals, they'll treat you for free.*

  Cycle 3 Homeless Youth

- *So last year, I got strep and I didn't want to go anywhere and I lived at the university housing, so it was only a 5 minute walk to the clinic and I just went there, I didn't want to go anywhere and they have a nice attitude there, like even though they're student workers, they still do what's best for you.*

  Cycle 3 Native American Young Adult

- *So a lot of people like all the doctors do discriminate, like in Arizona there's only two doctors that will work on trans and that will help for conversion surgery. Two doctors are really like wanting to do that and the rest will like the rest of the plastic surgeons here tonight, they're not gonna consider it, they're not going to do it. If we will operate on a lot of my trans friends like have to go to Florida or have to go to Canada to be able to get that free surgery to be able to be who they are…*

  Cycle 3 African American Young Adults

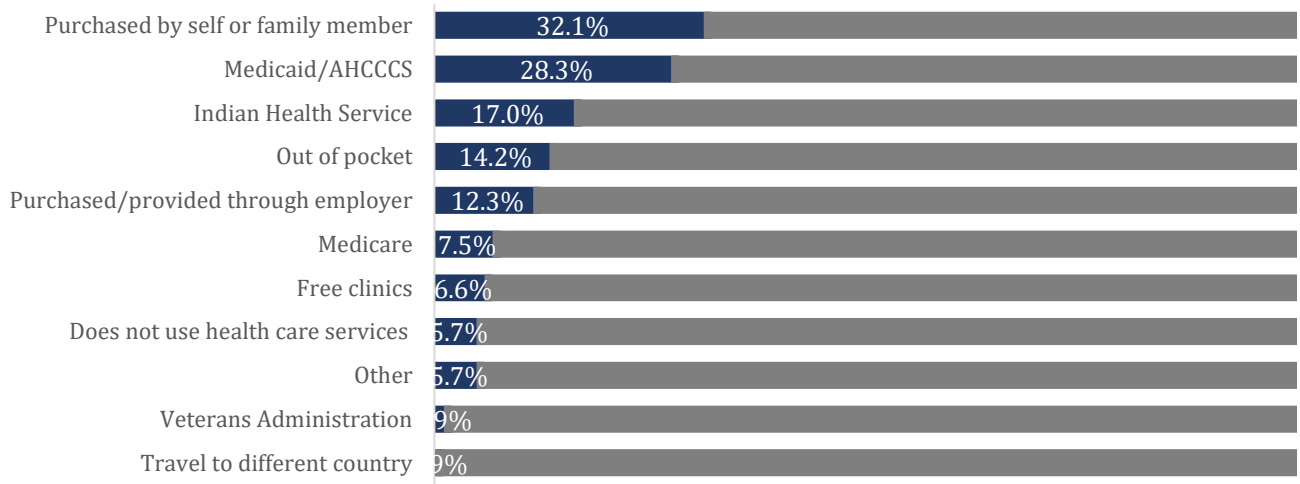
Survey Results Related to Insurance Choices

Participants were asked how they paid for their health insurance from a list of 10 payment options and could check all that applied. The majority of participants (32.1%) identified their healthcare coverage as **purchased by self or family member**. Other common healthcare payment choices included **Medicaid/AHCCCS** (28.3%), **Indian Health Service** (17.0%), **out of pocket** (14.2%), and insurance **purchased/provided through employer** (12.3%) (Figure 6). Participants were asked to identify how often they had enough money to pay for health care expenses on a monthly basis. Over half of participants (54.7%) said they **sometimes** or **never** had enough money for health care expenses, while 45.4% of participants said they **always** had enough money to pay for health care expenses. Healthcare choices identified from the survey results were consistent with healthcare payment options discussed during the focus groups.

54.7%

of participants stated they *Sometimes* or *Never* had enough money to pay for health care expenses on a monthly basis

Figure 6 Healthcare Choices



Healthcare Experiences

Participants shared their experiences with **healthcare professionals**, such as doctors, medical assistants, and medical staff. Some felt doctors **did not listen** to the health needs of the patient, **misdiagnosed** medical conditions, and **mis-prescribed** medications. Other participants **distrusted** health professionals; they felt medical providers did not genuinely want to help and were only there for the money, or found it difficult to build a trusting relationship with their medical providers due to high turnover. LGBTQ participants experienced **discrimination** by medical providers. Very few doctors provided gender affirming surgery, and seeing new providers was stressful for participants as they did not know if the provider was LGBTQ accepting or affirming. Participants who received care through Indian Health Service (IHS) described medical staff as **culturally insensitive**, **mean**, and were **not trusted** with patient confidentiality.

Many focus group participants described similar experiences with obtaining services in the **healthcare system**. **Long wait times**, **overcrowding**, **overcharging**, and limited **provider availability** were common frustrations. Other participants described being turned away for care, or difficulty obtaining an appointment with their primary care physician. Some described issues in understanding medical diagnoses and care due to **language barriers**. Those who received care through IHS described receiving poor quality care, and inability to receive necessary medical procedures through IHS.

Other participants explained many of the reasons they **delayed medical care**. One of the most common reasons for delayed care was due to **finances**, either due to lack of insurance coverage or high costs. Others felt **discomfort** in a healthcare setting, were **embarrassed** to seek treatment, scared of possible **deportation**, or did not have **time** to see a provider.

In the words of participants…

- *I think personally, with me, with the struggle with, you know, going to the doctor, getting, you know, help...my biggest issue in the past was having suicidal tendencies. Instead of getting the help I needed, I was put into a psych ward. And that wasn't the help I needed. So I feel like, sometimes some people don't feel safe at a doctor. They don't feel safe saying hey, I'm having this problem, and I need help for it, whether that's a good doctor like, you know, with physical health, mental health, whatever that looks like. 'Cause some people, they don't wanna be in a psych ward. They, you know. So. And also like, counseling and stuff, I feel like that's...finding someone to trust, not a lot of people trust other people. You know what I'm saying?*

  Cycle 2 Homeless Youth

- *I've noticed there's a lot of turnover with this field. .. Yeah, like, I haven't been able to find a good therapist because where I was going, they kept being like, okay, I know we've only been seeing each other for a month but I'm switching states. You're getting a new one. Then, you know, you get used to the new one, then they're like, oh, guess what? I'm moving. So, after you get switched over too many times, you kind of just start, you know, lose faith in them, and you don't want to deal with them anymore. Like, none of them can actually help.*

  Cycle 3 Young Adults with Special Healthcare Needs

- *I think you mean, I know that like when I was younger and we were applying for health care, like my mom, she couldn't really like understand what the papers were saying and even as like the word in Spanish, she couldn't like really understand the term so she made us like fill it out even though like the barely understood the term and stuff. And I think that's one of the reasons why we found it hard. And also, but yeah, like what it was saying like, the process that it goes through, like we didn't really understand what we were doing, all we knew is that we filled it out and like give it back to them. And we wouldn't leave, like either of us and stuff like that.*

  C3 Hispanic Young Adults

- *Like for me, whenever I go to the doctor, I always kind of… initially, if it is always some kind of a new providers that I don't know for sure if they are LGBTQ accepting or affirming, that you know I present clear to some folks like stereotypically, so like even if it is not something that I can really hide, and so I am afraid of their automatic judgment, or discussion and especially depending on what city I am in, I was living in Texas and I was like okay. So I was like the difference being with my therapist, I specifically ticked the box saying I was LGBT to make sure that was not an issue but then that wasn't the thing for a primary care giver and even like a friend of mine who is like a trans guy, he went to the chiropractor and he had an old white man and was very nervous because Chiropractor stuff done to him, there was a lot of touching and just like movement of the body and he was worried about getting outted and didn't know how the guy was going to response, and so he didn't know if he should disclose that or not. So, it just caused him a lot of anxiety to do that. So, things like that… you know, it is really stressful.*

  Cycle 3 LGBTQ Young Adult

- *Last year, there's was only one hospital and it was like a 45 minute drive. My brother was sick and we needed to get him to a hospital and we didn't have a ride. We asked for rides and nobody wanted to help us. We finally found a ride and then we ended up sitting in the waiting room for 3-4 hours.*

  Cycle 3 Native American Youth Mesa

Healthcare Barriers

Many focus group participants explained how the **cost of healthcare** was a major barrier in obtaining healthcare services. Participants did not have **financial resources** to pay for services, treatment, medication, insurance, and copays. For other participants, **insurance coverage** was a barrier in receiving healthcare. Many shared how services they needed were not fully covered by their health insurance, and they could only see a select number of providers who accepted their insurance. Other participants explained it was difficult to obtain health insurance and healthcare services due to citizenship status or not having the required personal identification. There were a number of healthcare barriers related to **AHCCCS**, including AHCCCS not being accepted by many providers and inability to obtain AHCCCS coverage because individuals did not meet eligibility criteria.

Other barriers focus group participants described were challenges within the **healthcare system**. This included **long wait times**, difficulties in appointment **scheduling**, and **overcrowding**. Those who lived outside of metro areas described **traveling long distances** to find the nearest medical provider, and too few hospitals and clinics available in their communities. Participants described how a **lack of specialists**, such as podiatrists and mental health professionals, hindered their opportunity to receive more specialized care. Government healthcare programs, such as the Veterans Health Administration and Indian Health Services, were described as providing **poor quality services**, such that they did not cover all needed services, had low quality medical supplies, and had long wait times. **Language barriers** between patients and providers was also described as a challenge to receiving healthcare because patients could not understand everything that was told to them by a provider, nor could they adequately explain their needs.

Participants described how another barrier to obtaining the healthcare they desired was the treatment they received by **healthcare providers**. Participants from almost every demographic group described experiencing **discrimination**, **mistrust**, or **misunderstanding** by a healthcare professional. Participants who identified as LGBTQ felt discriminated against and received poorer quality healthcare services due to their sexual orientation or gender identity. Those who identified as having special health needs felt medical professionals were **insensitive** and did not know how to give proper care to those with disabilities, such as those with autism. Furthermore, those with special health needs found it difficult to understand how to access care. Native American participants described **cultural insensitivity** among providers, including at IHS facilities, and how services by providers at times went against cultural and traditional norms.

Participants explained how **transportation** often made it difficult to access healthcare services. This included limited public transportation options to clinics/hospitals in remote areas, expenses of public transportation, or the amount of time it took to get to an appointment when using public transportation.

Other healthcare barriers included **high costs** associated with living a healthy lifestyle, such as buying nutritious food, lack of **awareness** of available services, and limited **personal time** to dedicate to healthcare.

In the words of participants…

- *I don't think that all kinds of doctors understand working with autism disability. I think finding healthcare at least for me is very difficult... And the transportation is very difficult.*

Cycle 3 Young Adults with Special Health Needs

- *I also feel like there's like a lot of like low income families, and the fact that all the people are expected to have healthcare. It's hard to provide healthcare with a family and the fact that you're a low income. The total cost is like, really like it's a lot of money. It's a lot and it really just like stress on some people.*

Cycle 3 African American Young Adults

- *For me when it comes to getting AHCSSS and stuff like that, like if I get a job and lose my AHCSSS, I don't even know what to do. Do I have to go through my employer or something like that? Or do I have to get my own insurance? If so, I don't know who pays for what. Like I have to get hormones and stuff and will I be able to go see my doctors and stuff? I can't afford it, so I need to be on AHCSSS or have a job and have to pay out of pocket and not be able to get it off the streets, you know.*

Cycle 3 LBTQ Young Adult

- *I wanted to talk about like about having to go to the doctors and having to disclose information. I am like, super terrified of having to end up in Urgent Care and being treated completely crappy. I have had experiences just going through and being completely dismissed because you know like being questioned and being completely disrespected. I didn't even follow through and I didn't care and I just walked out. Like, I couldn't even imagine if I had an emergency I would have to disclose myself that I'm not completely trans sometimes. Sometimes I go to the doctors and I need to disclose that I am a trans. This makes things a little more difficult and a lot more awkward for me to sit through instead of just getting something done.*

Cycle 3 LGBTQ Young Adult

- *Accessibility, I think is one of the biggest challenges. Community here and the community back home is just... they say we have the resources. Like we have IHS but the doctors are that are coming in are culturally sensitive. So like that's huge thing for us. Like my grandparents asked me never to give my blood. And the 1st they do when they go into the IHS is okay, let's take blood samples. Okay, but why? I understand that it's a medical thing but at the same time when I say no, and you throw a fit, you do not even understand why or you're not willing to understand why. And so accessibility in the sense of having a native doctor, because there is not very much of them. They're probably going to into their own reservation to help. But at the same time, we can always train these doctors into... I guess make you part of that orientation of that community that they're trying to serve. So that's just one part of it.*

Cycle 3 Native American Young Adult

Survey Results Related to Healthcare Barriers

Participants were asked to identify the three biggest barriers to accessing healthcare in their community from a list of eight factors. The most frequently (38.1%) identified barrier among participants was **transportation to appointments**. Participants also identified **difficulty finding the right provider for care** (37.1%), **not enough health coverage** (30.9%), **distance to provider** (26.8%), and **no health coverage** (23.7%) as common healthcare barriers (Figure 7). The least frequently identified healthcare barriers included **childcare** (13.4%) and **inconvenient office hours** (14.4%). Participants were asked to identify how often they had enough money to pay for essentials on a monthly basis. Almost half (47.2%) of participants said they **never** or **sometimes** had enough money for essentials, while 52.8% said they **always** had enough money to pay for essentials. Participants were also asked to identify how often they could get the services they needed to maintain mental health. The majority (74.7%) of participants said they could **sometimes** or **never** get the services they needed to maintain mental health, while 25.2% of participants said they **always** could get the services they needed to maintain mental health. Similar barriers were identified in both the survey and focus groups, although issues related to healthcare costs was the most commonly discussed barrier during focus groups.

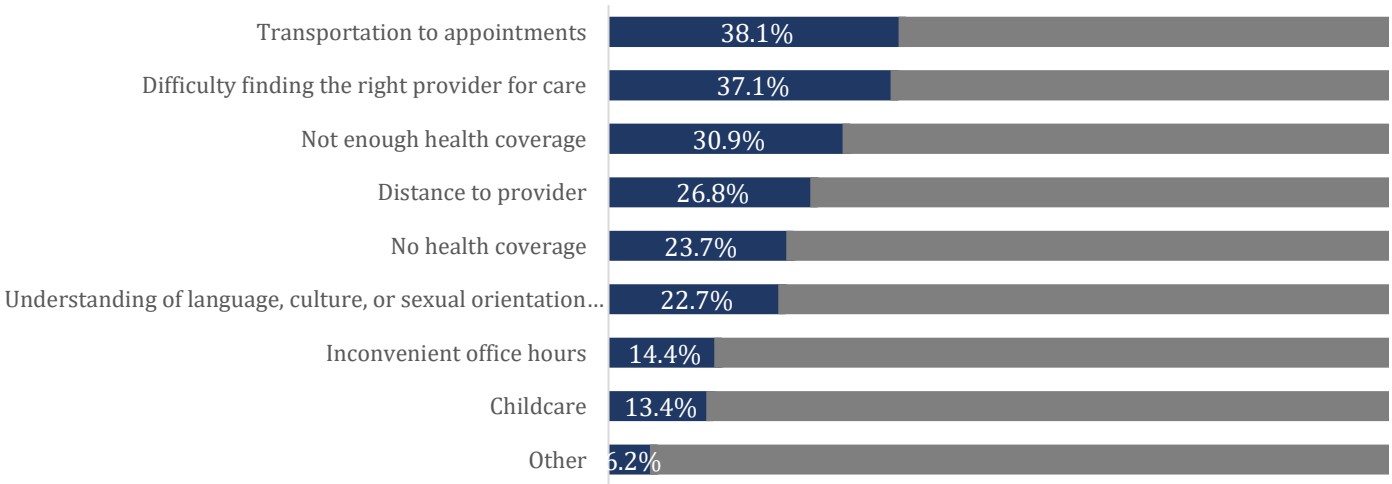
47.2%

of participants stated they *Never* or *Sometimes* had enough money to pay for essentials on a monthly basis

74.7%

of participants stated they could only *Sometimes* or *Never* get the services they needed to maintain mental health

Figure 7 Healthcare Barriers



Prevention Strategies

One of the most frequently talked about prevention strategies among participants was caring for **physical and mental health**. This included prioritizing **self-care** and **personal time**. **Physical activity** was important to participants, and included exercising at gyms, running outside, school sports, or taking pets for walks.

Seeing healthcare professionals for **routine physicals/check-ups** was another popular prevention strategy. This also included talking to doctors about **family medical history**.

Other popular prevention strategies included **eating healthy** and attending **health education** classes focused on areas such as nutrition, substance abuse, and sexual health.

In the words of participants…

- *And then I just feel like it needs to be like awareness. So just be aware is everything that you can get an awesome idea, especially living alone, because I just like my mentor like I just forget to like check up on me sometimes. I'm like mentally like I'm like oh, but sometimes I just like and not like I just want to do laundry for like for me. You know, like sometimes I just want to clean my room, you know, just like my, my house will not be clean. I just feel like oh man, it's just like being aware around aware of your surroundings. Just like the best, can be for your mental health and everybody else's.*

  Cycle 3 African American Young Adults

- *Well, I'm a huge advocate for nutrition because with nutrition, we have high cardiovascular problems and one in obesity. Those two kind of go hand in hand and even diet can help with cancer because I think you know, cancer cells feed on them and if we try to cut out sugar, we can cut out their food supply.*

  Cycle 3 Young Adults with Special Health Needs

- *I mean I don't like to count calories but I kind of just think about it like when I'm eating. I'm a server so I eat a lot. You know there's like different options of what to eat, you have deep fried chicken with fries, sometimes I'll just with grilled chicken with rice and broccoli, because they're just healthy alternatives. I have been dancing since I could walk basically, before I could walk, but that's long time. So I do that, I'm just running because that's such a big part of every tribal affiliation…*

  Cycle 3 Native American Young Adult

- *You know in your mind that every time that you go to a checkup you can go, hey can you also check on this, it runs in my family. Because I have family that has diabetes and cancer types of tumors.*

  Cycle 3 Homeless Youth

- *Oh at my school, the implementing of mindfulness room and it's where some kids go through to stress. It's not up and running yet but it will be*

  Cycle 3 Native American Youth Guadalupe

Suggestions for Improvement

Focus group participants shared a wide array of suggestions to improve health, wellness, and the community. One common suggestion from participants was the **expansion of community and school resources**. This included accessible **mental health services**, grief counseling, domestic violence resources, and substance use programs. Resources to **support homeless** populations included increased availability of homeless shelters and programs and increased shelter support for mothers and children. To support **healthy food access**, participants suggested expansion of EBT, public facilities for homeless populations to prepare meals, and food bank alternatives for those with food allergies. Those participants with special health needs suggested increased availability of **programs for those with disabilities**, as well as classes to teach life skills. Participants called for increased access to **recreational programs** through affordable gyms, free fitness and art classes, and community programs that incentivize exercise. Participants shared that there also needs to more awareness of existing community programs and support, and that programs must expand ways to reach new people.

To support **health**, many participants voiced a need for **universal health coverage.** Participants suggested more **affordable and accessible** preventative and treatment services, access to **free health clinics**, **free prescription medication,** and better **access to nutritious food**. Participants wanted the ability to choose which provider to see, and wanted providers to better listen to patients' health needs. Native American participants suggested increased amounts of **Native American-run clinics** and more Native American medical professionals to better serve the needs of Native American populations. Participants expressed a need for more **health education** opportunities, especially in the areas of mental health, sexual health, vaccinations, safety, and smoking. Participants wanted expansion of health education in schools, and shared how there must be more formal incorporation of LGBTQ health into school health curriculums.

During the focus groups, participants shared many suggestions on how to improve **infrastructure** around the community. This included a **cleaner environment**, such as through increased trash pick-up services and cleaner streets, and items to **alleviate summer heat**, such as cooling systems at bus stops. Participants also expressed a desire for more water conservation efforts and community gardens. **Transportation** suggestions included more frequent buses, cheaper bus fares, and more alternative transportation options. To support **housing**, participants desired better quality-built homes and lower priced utilities.

Focus group participants wanted improvement of the **treatment of others** in the community. Participants called for **respect** and **acceptance** of others, and a **judgment-free** society where individuals could freely be themselves. Participants wanted an **end to bullying**. This sentiment was felt strongly especially among those with special health needs, who wanted to be treated as equals and with compassion, and for the community to have a greater awareness of disabilities and allergies.

Participants were asked to identify the health conditions that had the greatest impact on their community's health and wellness from a list of 21 factors and could choose up to five. The majority of participants (65.7%) identified **alcohol/substance abuse** as a health condition impacting their community's health and wellness. Other health conditions identified as a concern included **mental health issues** (53.5%), **tobacco use including vaping** (47.5%), **suicide** (40.4%), and **overweight/obesity** (39.5%).

In the words of participants…

- *Peoples first language, like something that makes me cringe a lot is when people use the M word or R word, or even when people say "so you're disabled?" like no, I say "no, I have a disability.*

  Cycle 2 Young Adults with Special Needs

- *The switch to universal health care.. 'Cause then like, ER times would be shorter, like people could just go to the doctor, rather than having to go to the ER for just something that they could simply be treated for by the doctor. And then maybe also like, like you were saying, like theme sounds like a common trust. I feel like if people had the ability to just choose whichever doctor they wanted to go to, rather than having to be like, oh I have to go to this doctor 'cause they're in my network. They would feel more comfortable to speak to their doctor and be more open. And then would probably be more easily diagnosed if, you know, 'cause the more honest you are with your doctor, the easier they can (inaudible) things.*

  Cycle 2 Homeless Youth

- *I would say maybe like a direct example of what can be done is just Hosting like workshops or something like that, that are easily accessible to each community. So maybe taking some time to get closer to certain parts of Mesa or wherever it is, you guys decide to do it. And then maybe taking a day to be like, Okay, this day, we're going to be talking about mental health. This day, we're going to be talking about affordable plan to health care plans. This day, we're going to be talking about just options for where you can go if you need this, or if you need a free screening or stuff like that, because I feel like you hear about it. And you can see it if you have internet or like Facebook and stuff, but especially I think, at least for my mom, she doesn't really know about certain stuff that's going on, I kind of have to do that. So just maybe having that available to the community would be really good.*

  Cycle 3 Hispanic Young Adults

- *I just have so many and there's just a lot of things that I think can be done. For example one of my friend is actually a community health major and she tells me a lot about how she eventually wants to open up her own clinic on the reservation and have like native physicians and doctors and like really promote having like a native run business and I guess kind of make it like a business that is run by native people for native people for people that have the right qualifications, for people that are educated, people that care about it while also addressing cultural aspects, spirituality, health and really those things that tie in together. Like that, like address us specifically as indigenous people, so that's one thing that I think can be yielded, like something that's not attached to the government. I think native people have the potential to kind of be our own. Like some of us are a Sovereign nation and that's another thing that we need to move towards including healthcare. So that's one thing I think that's really important to keep especially because it's like we're going on and it's a cultural thing too, like having our languages, like it's a traditional thing, like have like traditional stories and just traditional everything that are like our identity, so that's just one example that I could go on.*

  Cycle 3 Native American Young Adult

- *Yea I'll probably say that education has a bigger piece to that and I know that with the new repeal and all, but for those of us that aged out of school and never got that education, it can be really challenging because we have to use like Google, yes… but then you're are shifting through a whole lot of information and you don't know exactly what is this really?.. And so I'm fortunate that my question got answered from working in a space like this, and working with some colleagues that is their field of expertise about sexual health and education, but like learning those things is like so very different for the LGBTQ community, but this is a tech community because of just the different generation and sort of things, just like I have to ask and I don't know what I am supposed to ask them. And so I think that education in general is a big piece that.*

  Cycle 3 LGBTQ Young Adult

Conclusions

As part of a larger Community Health Improvement Plan, the Coordinated Community Health Needs Assessment is comprised of three parts: community surveys, focus groups and key informant interviews. SIRC was tasked with organizing, recruiting, implementing and analyzing data from three rounds of focus groups across the central, east and west regions of the county. SIRC completed 52 focus groups over a 17-month period from August 2018 to December 2019 with targeted youth and young adult groups mainly in cycle 3. SIRC gathered qualitative and quantitative data from 13 youth and young adult focus groups with 112 participants and 108 completed surveys.

One of the most common threats to community health among these youth and young adult participants was **unmet mental health needs.** Participants expressed difficulties in finding mental health services and resources. They also shared their concerns regarding **homelessness** in their communities and the lack of resources for those experiencing homelessness.

Participants voiced their need for more **accepting and specialized healthcare services** and expressed a desire for providers to be more accommodating of LGBTQ populations and provide more services to non-binary individuals. Culturally relevant healthcare materials and services were also lacking.

The youth and young adult focus group participants shared a wide array of suggestions to improve health, wellness, and the community. They suggested **expanding community and school resources** including mental health services and domestic violence resources as well as substance use programs. They also discussed the need for **expanded universal health coverage** and more affordable and accessible services.

Based on the information provided by the youth and young adults, it is probable that MCDPH would work with their partners to institute some of the suggestions provided by the youth especially around the topic of mental health. It is recommended to continue to include youth and young adults in the mix of focus groups as participants; their contributions are important as young people face more and more daily crises in life including recent health and lifestyle concerns with COVID-19 and civic unrest.

Overall, based on the rich discussions and quantitative survey data, it is likely that the MCDPH and its partners will be able to develop strategies to address the youth and young adult members of the community and their specific health needs based on the findings from the focus groups.

APPENDIX A – FOCUS GROUP SCHEDULES

Cycle 2

Date	Time	Population	Location
4/24 (Wed.)	6:00pm – 8:00pm	Homeless Youth (14-21) [n = 7]	**Native American Connections/HomeBase** (931 E. Devonshire, Phoenix, AZ)

Cycle 3

Date	Time	Population	Location
10/16 (Wed.)	1:00 pm – 3:00 pm	Native Americans - Young adults (19-24)	**ASU Discovery Hall** 250 E Lemon St. Tempe 85281
10/22 (Tues)	4:00 pm – 6:00 pm	LGBTQ - Young adults (19-24)	**One.n.ten** 931 #202 Phoenix 85004
10/28 (Mon.)	11:00 am – 1:00 pm	Homeless - Young adults (19-24)	**Homebase** 931 E Devonshire Phoenix 85014
11/1 (Sat.)	1:00 pm – 3:00 pm	Youth Focus Groups (14 - 18) - African Americans 1	**Ironwood Library** 4333 E Chandler Phoenix 85048
11/7 (Thurs.)	5:00 pm – 7:00 pm	African Americans- Young adults (19-24) [n = 4]	**Muriel Smith Center** 2230 W Roeser Rd, Phoenix 85041
11/12 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14-18) - Homeless	**UMOM** 2344 E Earll Drive
11/13 (Wed.)	8:30 am – 10:30 am	Youth Focus Groups (14 - 18) - Hispanic	**Natalie's room North High School** 1101 E Thomas Phoenix 85014
11/13 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14 - 18) - Native American	**Seewa Tomteme Community Center** 8066 S Avenida del Yaqui Guadalupe 85283
11/14 (Thurs.)	12:00 pm- 2:00 pm	Hispanic/Latinx - Young adults (19-24) [n = 13]	**Community Room - Mesa Fire Station 2** 830 S Stapley Dr, Mesa
11/18 (Mon.)	4:30 pm – 6:00 pm	Youth Focus Group (1-18) Native American	**Native Health Mesa** 777 W Southern Mesa 85210
12/4 (Wed.)	10:00am – 2:00pm	Youth Focus Groups (14 - 18) - African Americans 2 [n = 11]	**Hope College & Career Readiness Academy** 6401 S. 16th Street Phoenix 85042
12/13 (Fri.)	12:00pm – 2:00pm	People Living with Special Healthcare Needs - Young adults [n = 12]	**First Place Phoenix** 3001 N. Third Street Phx, 85012

APPENDIX B – FOCUS GROUP DISCUSSION GUIDE

For the purposes of this discussion, "community" is defined as where you live, work, and play.

Opening Question (5 minutes)

To begin, why don't we go around the table and say your name (or whatever you would like us to call you) and what community event brings everybody out? (such as: festival, school play, sporting event, parade; what brings all the people together for fun)

General Community Questions (15 minutes)

I want to begin our discussion today with a few questions about health and quality of life in your community.

1. What does quality of life mean to you?
2. What makes a community healthy?
3. When thinking about health, what are the greatest strengths in your community?
4. What makes people in the community healthy?
    a) Why are these people healthier than those who have (or experience) poor health?

Community Health Concerns (15 minutes)

Next, let's discuss any health issues you have in your community.

5. What do you believe are the 2-3 most important issues that should be addressed to improve health in your community?

    [Prompt – ask this if it does not come up naturally]

    i. What are the biggest health problems/conditions in your community?

    ii. Do other communities in this area have the same health problems?

6. a) What makes it hard to access healthcare for people in your community?

    [Prompt – ask this if it does not come up naturally]

    i. Are there any cost issues that keep you from caring for your health? (such as co-pays or high-deductible insurance plans)
    ii. If you are uninsured, do you experience any barriers to becoming insured?
    iii. If you do not regularly seek care, are there provider concerns that keep you from caring for your health? (prompt – ask if there are concerns about providers not identifying with them)

    b) How do these barriers affect the health of your community? Your family? Children? You?

7. For this question, think about the last year. Was there a time when you or someone in your family needed to see a doctor but could not? Did anything keep you from going?

Community Health Recommendations (15 minutes)

As the experts in your community, I would like to spend this final part of the focus group discussion talking about your ideas to improve community health.

8. What are some ideas you have to help your community get or stay healthy? To improve the health and quality of life?

9. a) What else do you (your family, your children) need to maintain or improve your health?

   [Prompt – ask this if it does not come up naturally]

   i. Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use

   ii. Preventative services such as flu shots, screenings or immunizations

   iii. Specialty healthcare services or providers (such as heart doctors or dermatologists)

   b) What health services do you or your family need that aren't in your community?

10. What resources does your community have/use to improve your health?

    [Prompt – ask this if it does not come up naturally]

    i. Why do you use these particular services or supports?

Ending Question (5 minutes)

11. Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?

Facilitator Summary & Closing Comments (5-10 minutes)

Let's take a few minutes to reflect on responses you provided today. We will review the notes we took and the themes we observed. This is your opportunity to clarify your thoughts or to provide alternative responses.

[Co-facilitator provides a brief summary of responses for each of the questions or asks clarifying questions if she thinks she may have missed something.]

Thank you for your participation in this focus group meeting. You have all raised a number of great issues for us to consider. We will look at what you have told us and use this information to make recommendations to area hospitals and the Maricopa County Department of Public Health

APPENDIX C – PARTICIPANT CHARACTERISTICS

Characteristic	Number	%
Age		
12-17	42	42.9%
18-24	56	57.1%
Gender		
Male	51	48.6%
Female	48	45.7%
Transgender	4	3.8%
Other	2	1.9%
Race/Ethnicity		
American Indian/Alaska Native	29	24.8%
Asian	2	1.7%
Black/African American	27	23.1%
Native Hawaiian/Pacific Islander	0	0.0%
Hispanic/Latino	31	26.5%
White	18	15.4%
Other/Multi-racial	10	8.5%
*[a]**Which groups do you most identify with?**		
LGBTQI	13	12.1%
Person experiencing homelessness	18	16.8%
Person with disability	11	10.3%
Adult with no children	7	6.5%
Education		
Less than high school	49	48.0%
High school/GED	31	30.4%
Associates degree	4	3.9%
Currently enrolled in vo-tech or college	11	10.8%
Bachelor degree or higher	2	2.0%
Other	5	4.9%
Household Income		
Less than $20,000	36	43.4%
$20,000-$29,000	12	14.5%
$30,000-$49,000	26	31.3%
$50,000-$74,000	6	7.2%
$75,000-$99,000	2	2.4%
Over $100,000	1	1.2%
Employment		
Full-time	9	8.8%
Part-time	22	21.6%
Unemployed	65	63.7%
Other (disabled, self-employed)	6	5.9%
[a]**Health Insurance/Health Care Coverage**		
Individually purchased or by family member	38	27.0%
Through employer	12	8.6%
Does not use health care services	6	4.3%
Indian Health Services	17	12.2%
Medicaid/AHCCCS	26	18.7%

Medicare	10	7.2%
Travel to different country to afford health care	2	1.4%
Use free clinics	8	5.8%
Out of Pocket	11	7.9%
Veterans Administration	3	2.2%
Other	6	4.3%

*Those identifying as part of a selected group, as a proportion of the entire survey population

[a] Not mutually exclusive